

ERNEST ORLANDO LAWRENCE
BERKELEY NATIONAL LABORATORY (LBNL)

**AGREEMENT & AUTHORIZATION FOR
TELECOMMUTING**

The Employee named below is hereby authorized to perform work for LBNL at the residence or off-site office located at

_____, _____, _____
(Address) (City) (State)
(Zip)

in accordance with the terms and conditions stated herein. Employee understands and agrees that authorization to perform LBNL job duties away from the LBNL premises is a privilege, and can only be granted in areas where such duties are compatible with LBNL operations and to employees deemed eligible for off-site work assignments in LBNL's sole discretion.

EMPLOYEE NAME: _____ **LBNL Extension:** _____ **MS:** _____

DEPARTMENT/DIVISION: _____ **Employee No.:** _____

AUTHORIZED DUTIES/ASSIGNMENTS:

AUTHORIZED DAYS TO TELECOMMUTE: _____

NOTE: Any hours involving premium overtime must be specifically approved by the Supervisor

Employee further understands and agrees:

- (1) that this Agreement does not create a right to perform job duties at any location other than the LBNL site;
- (2) that this Agreement is not an entitlement or a contract of employment and may not be construed as such;
- (3) that this Agreement may be terminated without cause by either party upon ten business days prior written notice;
- (4) that LBNL information and equipment maintained at Employee's premises will be protected from unauthorized or accidental access, use, modification, destruction, or disclosure;
- (5) that Employee's personal vehicle will **not** be used for LBNL business unless specifically authorized below;
- (6) that Employee's off-site work space will be maintained by Employee in a safe condition, free from hazards to persons and Equipment; if computer equipment (PC, MAC, and/or Laptop) will be used as part of the telecommuting function, the following activities must be completed and documented using the attached form and returning a copy to the supervisor and EH&S Safety Engineering Group:
 - a. Completing the Ergonomics Awareness for Computer Users (EHS 60) training by viewing the "ErgoKnowledge" CD.
 - b. Conducting an ergonomic self-assessment of the immediate telecommuting work area using the attached evaluation form.
 - c. Installing the necessary ergonomic accessories identified in the self-assessment to assure the telecommuting work area provides controls against ergonomic risks.
- (7) that any Equipment provided to Employee by LBNL shall remain the property of LBNL, and that all such LBNL Equipment will be returned to LBNL for inspection, repair, replacement, or repossession upon five (5) business days prior written notice; and
- (8) that Employee will report any injury incurred while performing work for LBNL at Employee's residence or off-site office to LBNL Risk Management (510) 486-5212 or 486- 5213. Any accident must be brought to the immediate attention of Supervisor;
- (9) that Telecommuting is not a substitute for child or elder care and Employee will manage dependent care and personal responsibilities in a manner that allows job responsibilities to be successfully met;
- (10) that Employee agrees to be accessible (e.g., by e-mail, telephone) during designated work hours and will meet with Supervisor and attend LBNL meetings upon request of the Supervisor;
- (11) that other than duties and obligations expressed in this agreement, all duties, obligations, responsibilities, and conditions of employment with LBNL remain unchanged and all LBNL/University rules and regulations pertaining to employment, employee conduct, and performance of duties and health and safety apply to this agreement.
- (12) Employee remains liable for injuries to third parties and/or members of Employee's family at the Employee's residence. Employee agrees to defend, indemnify, and hold harmless LBNL, its employees and agents, and The Regents of the University of California, and the United States Department of Energy from and against any and all claims, demands, or liability (including any related costs, losses, expenses, and attorney's fees) resulting from or arising in connection with any injury to persons (including death) or damage to property, caused directly or indirectly,

by the work performed by the Employee or by Employee willful misconduct or negligent acts or omissions in the performance of duties and obligations under this Agreement, except where such claims, demands, or liability arise solely from the gross negligence or willful misconduct of LBNL.

USE OF LBNL EQUIPMENT: If LBNL Equipment is to be used by the above Employee away from the LBNL premises, the following **MUST** be completed:

Description of Equipment	Quantity	Serial No.	Property No.	Est. Return Date

Description of Ergonomic Accessories	Vendor Name	Date Ordered	Date Installed

Ergonomic Accessories Approved By:

(Signature of Supervisor)

(Signature of ESH Coordinator)

USE OF EMPLOYEE'S PERSONAL VEHICLE: The Employee is authorized to use the Employee's personal vehicle for the following LBNL purpose(s) **only**:

(Signature of Supervisor)

APPROVAL: I hereby approve performance of the job duties/assignments stated herein by the Employee named above and at the above specified location. If LBNL Equipment is to be used by the Employee, I hereby approve of removal of the above Equipment from the LBNL premises, and of the Employee's storage and usage of such Equipment at the above stated location. **(Attach copy of Equipment Movement Record).**

(Signature of Supervisor)

(Date)

(Signature of Division Director/Dept. Head)

(Date)

I hereby affirm by my signature that I have read this Telecommuting Agreement, understand its subject matter and agree to all of the above terms and conditions.

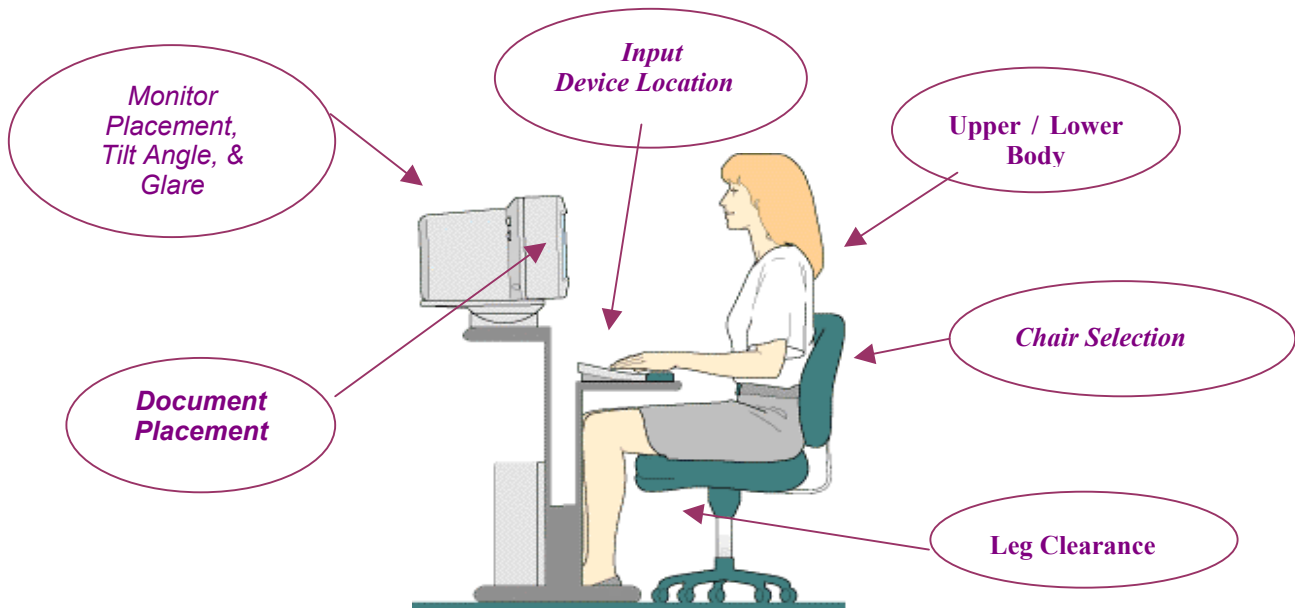
(Signature of Employee)

(Date)

**Lawrence Berkeley National Laboratory
Environmental Health and Safety Division – Safety Group**

Office Ergonomics for the Telecommuter –

Setting up an office at home or another convenient off-site location are common occurrences in today's workplace. If your computer workstation is arranged in a way that work is performed in awkward postures, coupled with extended reaching, repetitive motion and/or excessive and sustained forceful effort, musculoskeletal discomfort, fatigue and injuries may result. Just at in your Berkeley Lab offices, there are ways you can arrange your "at-home" or telecommuting workstations in a way to minimize the risk of musculoskeletal disorders. The computer workstation components identified below are key areas that need to be addressed once you have established your telecommuting work area:



The following ergonomic guidance and safety tips are offered:

- Arrange your equipment so that you can work in a natural and relaxed posture.
- Place items that you use frequently (e.g., phone, document holder, mouse/trackball, keyboard, calculator, etc.), within easy reach. Secure cords/cables to avoid creating trip hazards.
- Learn the adjustability features of your ergonomic chair and articulating keyboard tray/arm.
- Adjust your keyboard, mouse, monitor to the proper height by raising/lowering the keyboard tray, table (if adjustable) and chair.
- To create work surface space on your desk, place your computer base (CPU) on the floor.
- Position your monitor perpendicular to windows and/or major light sources to eliminate glare.
- Acquire task lighting if your work area does not provide adequate illumination.
- If you wear prescription lenses, consider obtaining a pair of computer glasses.
- If needed, acquire ergonomic accessories through your supervisor to help further enhance adjustability and "fit" of your workstation.
- If you utilize the phone a significant portion of the workday, consider using a hands-free phone headset unit to minimize supporting the handset with your neck and shoulders.
- Vary your work tasks throughout the day to allow the muscles to adjust and recover from prolonged stationary positions or repetitive movements.
- Obtain a copy of the *ErgoKnowledge* software CD from EH&S Training and view the program for additional ergonomic information and workstation set-up guidelines.

If you are experiencing any discomfort, notify your supervisor and visit Health Services in Building 26 (x6266). Work with your supervisor and ES&H Coordinator to seek technical assistance for an ergonomic evaluation by EH&S Division personnel. For further information, visit the LBNL EH&S Division Ergonomics Website at: <http://www.lbl.gov/ehs/ergo/> or contact Jeffrey Chung at the EH&S Safety Group (x5818 or jychung@lbl.gov).

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Telecommuting and Ergonomics –
(by Jeffrey Chung – x5818)

Per LBNL policy, RPM 2.23(D)(5), Telecommuting is a viable work option under certain circumstances. If you have an approved Telecommuting arrangement with the Laboratory and you will be using computer equipment (PC, Mac, Laptop, etc.) as part of the Telecommuting function, the following criteria are to be met:

- Before initiating the Telecommuting agreement, the employee and supervisor are to jointly complete a brief training module on developing successful Telecommuting arrangements. The module consists of a 15-minute video and accompanying workbook (available from Human Resources0).
- Obtain a copy of the ErgoKnowledge CD software program from EH&S Training and view it to satisfy Ergonomic Awareness training (EHS 060).
- Conduct an ergonomic self-assessment of your immediate Telecommuting computer work area and assure proper configuration is achieved (see diagram below).
- Work with your supervisor and EH&S to assure the necessary ergonomic accessories are installed to provide adequate controls against ergonomic risks exposures.
- If you are experiencing any work-related discomfort while performing computing tasks at your Telecommuting location, notify your supervisor and contact LBNL Health Services at (510) 486-6266.

